

APPLICATION FOR CITY OF MILLINGTON BUSINESS TAX LICENSE

(Shelby County License already issued)

Date

State #

License #

ALL QUESTIONS MUST BE ANSWERED COMP FOR ASSISTANCE					-	_	PROCESSING.		
1. INDIGNIE THE CENCOLITONITONITONITONITONITONITONITONITONITON							Fiscal Year Ending Month		
Classification 1A Classification 1C Classification 1E Classification 3									
Classification 1B Classification 1D Classification 2 Classification 4 Minimal Activity License									
2. REASON FOR APPLYING:	3. DATE BUSINESS BEGAN INTENNESSEE AT								
1. New business 2. Additional location	of existing business THIS LOCATION:								
4. BUSINESS NAME AND EXACT LOCATION			5. BUSINESS MAILING ADDRESS						
BUSINESS NAME			NAME (ENTER LEGAL NAME, IF DIFFERENT)						
STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)			P.O. BOX, STREET, ROUTE, OR HIGHWAY						
APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RURAL ROUTE NUMBER)			APARTMENT OR SUITE NUMBER						
CITY STATE	ZIP CODE	CITY		STATE			ZIP CODE		
6. City of Millington License Fee \$15.00	7. BUSINESS T	ELEPHONE N	IUMBER	8. CONTACT PERSON'S NAME					
	BUSINESS	FAX NUMBER		CONTACT E-MAIL ADDRESS					
			`	OCIVINOT E IMME NABINEGO					
	()								
9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION #						□ NOT R	☐ APPLIED FOR ☐ NOT REQUIRED		
10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION						☐ APPLIE ☐ NOT R			
11. TYPE OF OWNERSHIP (SELECT ONE): 12. TN SECRETARY OF STATE ID#, IF APPLICABLE									
☐ INDIVIDUAL ☐ JOINT (COUPLE)	ION - SUB S LP			ID#, IF APPLIC.		FAPPLICABLE			
GEN PARTNERSHIP CORPORATION LLC LLP									
13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD:									
14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS (PHOTO ID REQUIRED)									
(1) NAME	HOME TELE		□ SOCIAL SECURITY # □ FEDERAL EIN						
HOME ADDRESS (DO NOT USE P.O. BOX #) CITY STATE ZIP CODE									
☐ Member ☐ Officer ☐ Partner	Owner	- Individual		Owner - 0	Company	Share	holder		
(2) NAME		HOME TELEPHONE #			☐ SOCIAL SECURITY # ☐ FEDERAL EIN				
HOME ADDRESS (DO NOT USE P.O. BOX #) CITY STATE ZIP CODE									
☐ Member ☐ Officer ☐ Partner ☐ Owner - Individual ☐ Owner - Company ☐ Shareholder									
15. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL OWNER, A PARTNER, OR AN OFFICER OF THE CORPORATION. THE SIGNATORY MUST ALSO BE LISTED IN ITEM 14.)									
SIGN									
HERE: SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP) TITLE DATE									
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Millington, TN 38053-2044